

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare:

That my residence, post office address and citizenship are as stated below next to my name.

That I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: THERAPY PROBE

the specification of which (check one)

(X) is attached hereto.

() was filed on _____ as

Application Serial No. _____

and was amended on _____
(if applicable)

That I have reviewed and understand the contents of the above-identified specification, including the claim, as amended by any amendment referred to above.

That I acknowledge the duty to disclose information known to be material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

That I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate on this invention having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

03 00 348 _____
(Number)

France _____
(Country)

14 January 2003 _____
(Day/Month/Year Filed)

☒ ☐
Yes No

(Number)

(Country)

(Day/Month/Year Filed)

☐ ☐
Yes No

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

(Application Number)

(Filing Date)

(Application Number)

(Filing Date)

That I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

United States Application(s)

(Application Serial No.)	(Filing Date)	(Status)-(Patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status)-(Patented, pending, abandoned)

That all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

I hereby appoint the following attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith and request that all correspondence and telephone calls in respect to this application be directed to WELSH & KATZ, LTD., 120 South Riverside Plaza, 22nd Floor, Chicago, Illinois 60606, Telephone No. (312) 655-1500:

Attorney	Registration No.
A. Sidney Katz	24,003
Richard L. Wood	22,839
Jerold B. Schnayer	28,903
Eric C. Cohen	27,429
Joseph R. Marcus	25,060
Gerald S. Schur	22,053
Gerald T. Shekleton	27,466
James A. Scheer	29,434
Daniel R. Cherry	29,054
Edward P. Gamson	29,381
Kathleen A. Rheintgen	34,044
Thomas W. Tolpin	27,600
Jon P. Christensen	34,137
Eric D. Cohen	38,110
Walter J. Kawula, Jr.	39,724
Philip D. Segrest, Jr.	39,021
Mitchell J. Weinstein	37,963
Leonard Friedman	37,135
Steven E. Feldman	40,604
Jeffrey W. Salmon	37,435

Full name of sole or one joint inventor: Francois Lacoste

Inventor's signature: _____

Date: _____

Residence and Post Office Address: 130 Bd du Montparnasse

75069 Paris

France

Citizenship: France

Full name of additional joint inventor, if any: Antoine Tetard

Inventor's signature: _____

Date: _____

Residence and Post Office Address: 10 rue du Plat
69002 Lyon
France

Citizenship: France

Full name of sole or one joint inventor: Christian Chaussy

Inventor's signature: _____

Date: _____

Residence and Post Office Address: Frundsberger St. 28
82064 Strasslach
Allemagne, France

Citizenship: France

Full name of sole or one joint inventor: Jean-Yves Chapelon

Inventor's signature: _____

Date: _____

Residence and Post Office Address: 6 Allee Marcel Archard
69106 Villeurbanne
France

Citizenship: France

Address for Correspondence: Eric D. Cohen
WELSH & KATZ, LTD.
120 South Riverside Plaza
22nd Floor
Chicago, Illinois 60606